

State of Tennessee
Department of Children's Services
7th Floor Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999 or 532-4999 in Nashville area

Standard Claim Invoice Instructions

Version 1 - Former Claim Form 11 Now Standard Claim Invoice

NOTE: You can have multiple children on each form but not multiple vendors.

Effective as of 8/29/03

- **Form must be typed.**
- **Vendor Name** = The name of the person or business that will receive payment.
- **Vendor Address** = The address of the person or business that will receive payment.
- **City** = The name of the city where the person or business is located that will receive payment.
- **State** = The state where the person or business is located that will receive payment.
- **Zip** = The zip code where the person or business is located that will receive payment.
- **Vendor Tax ID** = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information.
- **Provider Code** = Must be one of the following two digit codes:

FC = Miscellaneous Invoices for Foster Care. This type of claim must have a receipt or invoice attached in order to receive payment.
- **Contract Number** = Contract number is blank for the Provider Code FC
- **Rate** = The rate is blank for Provider Code FC
- **Vendor Signature** = an original signature is required from the vendor before any payment can be made.
- **Print Name** = The printed name of the person signing the vendor signature.
- **Date Signed** = The date in MM/DD/YY format, including slashes, that the vendor signature was obtained.
- **Phone** = The phone number including area code of the person signing the vendor signature.

- **Service Provider** = The Service Provider is blank for Provider Code FC.
- **Total Amount of All Pages** = This amount must equal the total of all pages that make up this invoice. Generally this type of invoice will only be one page.
- **Last Name** = Child's last name for whom the goods and/or services were provided.
- **First Name** = Child's first name for whom the goods and/or services were provided.
- **MI** = Child's middle initial for whom the goods and/or services were provided.
- **Child SSN** = Child's social security number for whom the goods and/or services were provided.
- **Birth Date** = Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YY format including slashes.
- **Sex** = Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided.
- **Proc Code** = The appropriate procedure code from Att_chment A must be used for the goods or services being billed.
- **Allot Code** = One of the following two digit allotment codes must be used.

30 = custody children

- **County Code** = The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N** = A "collective fund account" (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. The account balance must be verified with the Central Office Trust Accounting Section to determine there are adequate funds in the child's account before any goods or services are obtained. If this claim is to be paid with the child's CFA funds place a **Y** in this box, otherwise, place a **N** in this box.
- **Vendor Invoice #** = For Procedure codes: 303 and 304 only put the type of copay that was paid, i.e, Pharmacy, Doctor Visit, Specialist, Dental, etc. All other procedure codes this would be the vendor's invoice number for goods and or services purchased, if one is available, i.e. TARGET itemized statement number, etc.

- **Service Start Date** = The date goods were purchased or the date a service started. This must be MM/DD/YY format including slashes.
- **Service End Date** = The date goods were purchased or the date a service ended. This must be MM/DD/YY format including slashes. Note: both the service start date and the service end date must be completed even if they are the same date.
- **Unit** = For Provider Code FC the Unit is always 1.
- **Amount** = For Provider Code FC the amount billed must equal the amount on the vendors invoice. These amounts may not exceed established guidelines for these goods and services.
- **Page __ of __** = The first blank equals the current page number and the second blank equals the total number of pages in the invoice.
- **Page Total** = The page total must equal the sum of the amount column.
- **DCS Case Manager** = The signature of the case manager authorizing this payment.
- **Date** = The date the case manager signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment.
- **Print Name** = The printed name of the case manager authorizing this payment.
- **Phone** = The daytime phone number of the case manager authorizing this payment.
- **DCS Case Supervisor** = The signature of the case supervisor authorizing this payment.
- **Date** = The date the case supervisor signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment.
- **Print Name** = The printed name of the case supervisor authorizing this payment.
- **Phone** = The daytime phone number of the case supervisor authorizing this payment.
- **DCS Case Signature** = Central office approving signature. If Required Central Office Fiscal will forward to appropriate personnel.
- **Date** = The date the person in central office signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person in central office authorizing this payment.
- **Print Name** = The printed name of person in central office authorizing this payment.
- **Phone** = The daytime phone number of the person in central office authorizing this payment.
- **Pre-Audit** = The signature of the person performing the pre-audit.
- **Date** = The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person performing the pre-audit.

- **Print Name** = The printed name of person performing the pre-audit.
- **Phone** = The daytime phone number of the person performing the pre-audit.

Attachment A

Proc Code	Description
251	Medical Physician Related (i.e. Speech Therapy)
280	Basic Education/Tuition
282	Tutoring
292	Parent/Guardian Transportation
300	Initial Clothing
301	Emergency Clothing
303	TennCare Copays Reimbursement to Foster Parents/DCS Employees (Temporary)
304	TennCare Copays Reimbursement to Residential Providers (Temporary)
411	Miscellaneous Bill-Requires Central Office Approval

292 Travel: WHEN TAKING MORE THAN ONE CHILD TO THE SAME LOCATION, LISTED EACH CHILD ON THE STANDARD CLAIM INVOICE AND TRAVEL LOG SEPARATELY. **Note: You may have more than one child on a Standard Claim Invoice but they must be listed on different lines and have separate travel logs.** FOSTER PARENT TRAVEL THAT **IS NOT** CONSECUTIVE IN DAYS MUST BE LISTED ON SEPARATE LINES ON THE STANDARD CLAIM INVOICE. (See example below)
VENDOR MUST COMPLETE THE TRAVEL LOG AND THE CASE MANAGER WILL COMPLETE THE STANDARD CLAIM INVOICE.

EXAMPLE: TRAVEL DATES: AUGUST 1-10, 12, 15, 17-20, 23, 27
DATES OF SERVICE FOR EACH LINE WILL BE: 8/1/99-8/10/99
8/12/99-8/12/99
8/15/99-8/15/99
8/17/99-8/20/99
8/23/99-8/23/99
8/27/99-8/27/99

DO NOT BILL IT AS 8/1/99-8/31/99

303 & 304 TennCare Copays: THESE PROCEDURE CODES REQUIRE AS BACKUP: A COPY OF THE CHILD'S TENNCARE CARD (FRONT AND BACK), AND THE RECEIPT/STATEMENT WHERE THE COPAY WAS PAID AND DETAILS THE CHARGE OF THE COPAY. ON THE STANDARD CLAIM INVOICE IN THE COLUMN LABELED "VENDOR INVOICE" PUT THE TYPE OF COPAY THAT WAS PAID, i.e. Pharmacy, Specialist, Dr. Visit, Physical Therapy, Dental, etc.

COPAYS THAT ARE NOT CONSECUTIVE IN DAYS MUST BE LISTED ON SEPARATE LINES ON THE STANDARD CLAIM INVOICE. (See example below)

Example: Doctor Visit Dates: 8/8/03, 8/17-19/03, 8/28/03
DATES OF SERVICE FOR EACH LINE WILL BE:
8/8/03 – 8/8/03
8/17/03 – 8/19/03
8/28/03 – 8/28/03

DO NOT BILL IT AS 8/8/03 – 8/28/03

300 and 301 Clothing: MUST HAVE THE **CLOTHING PURCHASE AUTHORIZATION FORM** AS WELL AS THE RECEIPT FROM THE STORE.

282 Tutoring: MUST HAVE A DETAIL LIST OF DAYS IN ATTENDANCE, EXCUSED AND UNEXCUSED ABSENCE AND A COPY OF THE AGREEMENT WITH THE FACILITY FOR THE SERVICE TO BE RENDERED.

251 Medical Physician Related & 280 Basic Education/Tuition: MUST HAVE A RECEIPT FOR WHERE PAYMENT WAS MADE OR INVOICE WHERE PAYMENT SHOULD BE RENDERED AND EXPLANATION OF WHAT SERVICE IS BEING RENDERED.